Appendix A: Frequently Asked Questions

Appendix A: Frequently Asked Questions

Frequently Asked Questions (FAQs)

Benefits of This Chapter

This chapter seeks to answer the questions asked most frequently by BCMA users. The questions and answers in this chapter are organized by Pharmacy, Nursing, and then IRM (Information Resource Management).

Within each section, we have provided the FAQ topic so you can quickly locate what you need immediately in the Table of Contents. The topics are *not* listed in any particular order.

Pharmacy-Related Questions and Answers

Recognizing Synonyms

When I used the *DRUG File Inquiry* option, I was unable to view an IV Piggyback medication by synonym. Doesn't this option recognize synonyms from the DRUG file (#50)?

Yes, it does recognize synonyms from the DRUG file (#50), including any of the following entry formats: drug IEN code, generic name, Federal Supply Number (FSN), VA product name, National Drug Code (NDC), and ATC mnemonic. However, it does *not* recognize synonyms from the IV ADDITIVES file (#52.6).

Reading Bar Codes into SYNONYM Field

How are bar codes scanned into the SYNONYM field of the DRUG file (#50)? Is this information transferred just as a number?

Use the *Drug Enter/Edit* [PSS DRUG ENTER/EDIT] option under the *Pharmacy Data Management* menu to scan the synonyms into DRUG file (#50), plus trade names and quick codes for drug item look-up.

In BCMA, the SYNONYM field is used when you scan a manufacturer's National Drug Code (NDC) or Universal Product Code (UPC) on the bar code label to create a quick code look-up for a drug product. You should *not* enter bar codes into this field manually. You can also use the *Synonym Enter/Edit* [PSS SYNONYM EDIT] option under the *Pharmacy Data Management* menu to scan a manufacturer's bar code into the SYNONYM field of DRUG file (#50).

Frequently Asked Questions (FAQs)

Pharmacy-Related Questions and Answers (cont.)

Tools Available for DRUG file (#50) Clean up

Are tools available for the Pharmacy to use when cleaning up DRUG file (#50)?

Yes, the Pharmacy can use VA FileMan, in conjunction with Microsoft® Excel, to clean up DRUG file (#50). DRUG file maintenance is extremely important for all Pharmacy packages. This process is especially important in CPRS, and should be ongoing. BCMA does *not* provide options to identify duplicate drug entries or similarities. This is solely a function of the *Pharmacy Data Management* menu.

Displaying MESSAGE Field on VDL

Is there a way to make the MESSAGE field from the IV package (as it currently prints on the IV labels) display on the VDL?

Information entered into the OTHER PRINT INFORMATION field, during IV Order Entry, automatically displays in **RED** on the Medication Order Display Area of the VDL, and prints on the CHUI BCMA Due List Report.

Entering Information into QUANTITY Field

What should I put into the QUANTITY field for an order with Lorazepam 1-2 mg Q6H PRN? Should I put 1 mg, 2 mg, or 1 tab?

You can enter dosage ranges in the DOSAGE ORDERED field of Inpatient Medications V. 5.0. In this example, you could enter the dosage ordered as 1-2 mg. The UNITS PER DOSE field should contain a "2" for this example order (i.e., the maximum allowable units per dose). This allows you to administer either 1 mg or 2 mg of the medication to the patient. All BCMA reports will then include an accurate reflection of the actual dosages administered to patients.

Frequently Asked Questions (FAQs)

Pharmacy-Related Questions and Answers (cont.)

Handling Liquid Doses

How do I handle liquid doses?

You can draw up oral syringes for all liquid dosages, and then label them with the bar code, but this may be too labor intensive for some Pharmacies. Most liquid dosages have the manufacturer's bar-coded NDC number on them, so they can be scanned as synonyms into the DRUG file (#50) to eliminate the need for additional labeling.

If liquids are kept as bulk stock on wards, and you actually pour the amount of medication to be administered, the Pharmacy could enter the liquid dosage (i.e., 4 mg = 2 ml) into the DOSAGE ORDERED field, in Inpatient Medications V. 5.0, during Order Entry. Then you would know how much liquid to administer to a patient. When you scan the bar code on a liquid dosage, a dialog box displays in BCMA, requiring you to enter the amount given. You should review the order on the VDL, and then enter the corresponding amount administered into the DOSAGE field of the dialog box.

Entering Dosage Amount Given to Patient

When will the nurse be prompted to enter the Dosage amount given to the patient?

Anytime a medication is administered under the Unit Dose Medication Tab, but *not* entered as a TAB or CAP in the DOSAGE ORDERED field of Inpatient Medications V. 5.0, a nurse will be prompted to enter the amount given to the patient.

Handling Fill-on-Request Orders

How does the BCMA software handle the Fill-on-Request order types used for narcotics and for multi-dose packages such as inhalers?

Fill-on-Request orders are compatible with BCMA V. 2.0. These order types are grouped, based on whether their Schedule Type is Continuous or PRN. BCMA looks at the order and tries to find the characters "PRN" in the schedule. If it does *not* find these characters, it then looks for administration times, and places the order accordingly on the VDL.

Frequently Asked Questions (FAQs)

Pharmacy-Related Questions and Answers (cont.)

Handling Self-Administer Medications

How do I order and dispense medications that patients self-administer?

This is a local facility policy decision. One way to handle self-administered medications is to order *and* dispense medications using the Outpatient Pharmacy package, *and* to enter the medications into the Inpatient Medications V. 5.0 package. When patients self-administer their medications, they must put their initials next to their dosage amounts on a seven-day MAR. Medications are *not* scanned unless a nurse administers them.

Managing Sliding Scale Insulin

How is Sliding Scale insulin managed?

When an order for insulin is entered into Inpatient Medications V. 5.0, the DOSAGE ORDERED field should include the words "sliding scale." BCMA then provides a dialog box for you to enter the amount of medication given to the patient. The SPECIAL INSTRUCTIONS field should also include the sliding scale range written by the Provider. For example, the instructions could specify the number of units drawn and the vial to use for administering the insulin.

Displaying Schedule Types of "R" and "Once" on VDL

How long does an order with a Schedule Type of "R" (Fill-on-Request) and a schedule of "Once" display on the VDL?

An order with a Schedule Type of "R" displays on the VDL until the Stop/Date Time of the order. "Once" is *not* an appropriate schedule for a Fill-on-Request schedule type. Schedule Types that are "One-Time" remain on the VDL until the Stop Date/Time of the order. A schedule of Once, NOW, or STAT must have a Schedule Type of One-Time.

Configuring the Window of Administration

Is the window of administration configurable by drug?

If the drug orderable item (*not* the medication) has a specific schedule in the default schedule, the medication order will display on the VDL. If this is currently being done in the Inpatient Medications V. 5.0 package, *and* the order displays properly on the 7- or 14-Day MAR from this package, the order should display properly on the VDL.

Frequently Asked Questions (FAQs)

Pharmacy-Related Questions and Answers (cont.)

How "Last Action" Displays on VDL

How will the "Last Action" display on the VDL if the dispensed drug has changed since the last administration?

The information in the Last Action column of the VDL is based on the orderable item (*not* the medication). If the orderable item is the same, it will list the last administration **action**.

If the patient has two different orders for the same orderable item, the last administration of either of these orders will display in the Last Action column for both orders. You can view the MAH Report to determine which order the medication was given from on the VDL.

"LAST ACTION" Field on Medication Order Entry Screen

What is the BCMA ORDER LAST ACTION field on the Medication Order Entry screen that I receive when I edit an order, or renew an order that has already been administered?

This data comes from BCMA and displays the Date/Time and Last Action taken on this order. For example: BCMA ORDER LAST ACTION: 07/12/02 09:31 Held. The data in this field is order specific, *not* orderable item specific; therefore, it differs from the Last Action column on the VDL.

When an Order Displays on the VDL

When will a medication order display on the VDL?

An order must be finished *and* verified by either a Pharmacist or a nurse (and active) before it will display on the VDL. BCMA determines when to display an order on the VDL by subtracting the information in the "Before Scheduled Admin Time" site parameter field from the Start Date/Time of the medication order. You can define this parameter using the Parameters Tab in the GUI BCMA Site Parameters application.

Orders That Display on the VDL

What types of medication orders display on the VDL?

All orders entered using CPRS or Inpatient Medications V. 5.0 display on the VDL once the orders have been finished *and* verified (and are active) including orders on "Hold," and any orders entered through the Unit Dose or IV package — as long as the patient is an inpatient. Orders on Hold display grayed out on the VDL. You can mark these order types as "Held," although it is *not* necessary for you to do so.

Frequently Asked Questions (FAQs)

Pharmacy-Related Questions and Answers (cont.)

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TIP:

If a medication has a Med Route of IV, IM, ID, SQ, or SC, you must enter an injection site when administering this order type.

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Orders That Display Under Each Medication Tab

What type of orders display under each Medication Tab on the VDL?

BCMA now provides three Medication Tabs for separating *and* viewing active Unit Dose, IV Push, IV Piggyback, and large-volume IV medication orders. Medications that need to be administered will correspond to one of these tabs. This will depend on how the order was entered.

Each Medication Tab is described below.

- **Unit Dose Medication Tab:** Displays all active Unit Dose orders for the Start and Stop Date/Time and Schedule Types selected on the VDL, except for orders entered with a Medication Route of IVP or IV PUSH. (These order types display under the IVP/IVPB Medication Tab.)
- **IVP/IVPB Medication Tab:** Displays all active Unit Dose orders with a Medication Route of IVP or IV PUSH. The following IV order types display on the VDL when you click this Tab:

  > "Piggyback"
  > "Syringe," with the INTERMITTENT SYRINGE field set to "Yes"
  > "Chemotherapy," with the CHEMOTHERAPY TYPE field set to "Piggyback" or "Syringe" and the INTERMITTENT SYRINGE field set to "Yes"

- **IV Medication Tab:** Displays all active IV orders, as defined by the order Start and Stop Date/Time. The following IV order types display on the VDL when you click this Tab:

  > "Hyperal"
  > "Admixture"
  > "Syringe," with the INTERMITTENT SYRINGE field set to "No"
  > "Chemotherapy," with the CHEMOTHERAPY TYPE field set to "Admixture" or "Syringe" and the INTERMITTENT SYRINGE field set to "No"

Frequently Asked Questions (FAQs)

Nursing-Related Questions and Answers

How "Last Action" Column Functions

How does the "Last Action" column function on the VDL?

The Last Action column, on the VDL, is based on the orderable item (*not* the medication), so you will know when the patient last received any dose of a medication regardless of the Schedule Type selected. This information is to prevent the same medication from being given to the patient from another order or schedule type.

How New Patch Functionality Works

How does the new Patch functionality work in BCMA V. 2.0?

Any orderable item with "PATCH" in the DOSE FORM field, *and* a status of "Given," must be marked as "Removed" in the VDL before you can administer another patch to a patient. You can use the Due List menu or the Right Click drop-down menu to document this action. The VDL then displays the letters "RM" (for "Removed") in the Status column of the VDL. A patch will continue to display on the VDL each time BCMA is opened, until the patch is marked "Removed" — even if the order is discontinued or expires, or the patient is discharged or re-admitted.

IV Orders That Display on the VDL

How long does an IV order display on the VDL?

An IV order will display on the VDL until the Stop Date/Time of the order. If an order becomes expired or is discontinued while an IV bag is infusing, the bag will display until it is marked "Completed."

Viewing the Patient's Order

How can I see the patient's complete order when I am working in their VDL?

Double-click on a patient's medication order on the VDL to display the Display Order dialog box. It provides a detailed display of the order from Inpatient Medications V. 5.0. You can also highlight an order, and then press **F4**, *or* highlight an order then select the Display Order command from the Due List menu to display order information.

Frequently Asked Questions (FAQs)

Nursing-Related Questions and Answers (cont.)

Understanding the Log-in Message

When I tried logging into BCMA, I received the message "The BCMA application is not active for this site!" Why am I getting this message?

Most likely, you received this Information message because you tried to log on while BCMA was temporarily offline. When BCMA is offline, users that are *currently* logged into GUI BCMA will *not* be affected.

You can select the "BCMA Online" check box using the GUI BCMA Site Parameters application (typically used by IRM Staff) to take BCMA offline for a particular division. This setting is located under the Facility Tab of this application.

Highlighting a Medication Before Scanning

Do I have to select a drug (by highlighting it on the VDL) *before* I can scan the bar code for that medication?

No, you do *not* have to highlight the drug on the VDL. After you scan the medication bar code, BCMA verifies whether an order exists for the medication displayed on the patient's VDL. If BCMA does *not* find a match, it displays an Error message informing you that the scanned drug was *not* found.

Handling Unreadable or Missing Bar Code Labels

What should I do if the bar code label is unreadable or missing from the medication?

For Unit Dose medications, select the Drug IEN Code command from the Due List menu or the Right Click drop-down menu to display the drug name and IEN code from the DRUG file (#50). Then enter the number manually in the Scan Medication Bar Code field on the VDL. Only use this method when the bar code label is unreadable or missing.

For medications under the IVP/IVPB Medication Tab, use the Right Click drop-down menu or Due List menu to select the Available Bags command and view a list of IV bags available for administration.

The IV Medication Tab displays the available bag Unique Identifier Number in the IV Bag Chronology display area *after* you highlight an IV medication order on the VDL.

Frequently Asked Questions (FAQs)

Nursing-Related Questions and Answers (cont.)

Orders with a Non-Standard Administration Time

How does an order appear on the VDL if the Provider selects a non-standard administration time?

An order will display correctly on the VDL if the Order Entry method is compatible with, *and* appears correctly on the electronic MAR provided within the Inpatient Medications V. 5.0 package.

Entering an Ointment Quantity

How should an ointment quantity be entered into BCMA?

Enter "small amount," "quantity sufficient," or the area where the ointment is applied on the patient. This is a free-text field limited to 150 characters.

Scanning Two-Tablet Doses

Why do I have to scan twice for a two-tablet dose?

So you specify the actual dosage given to the patient at the time that the medication is scanned. BCMA also verifies and documents the correct dosage administered to the patient.

Documenting a Half-Tablet Dosage

How do I document the administration of a half-tablet dosage?

Although this is a local facility policy decision, you should consider the following Unit Dose packaging and labeling procedure for half-tablet dosage forms.

Pharmacy should dispense all oral, solid doses in a form that is ready for patient administration. If half tablets are required, Pharmacy should dispense these items in a half-tablet form that is clearly labeled. All half-tablet dosages have the same IEN or NDC number as whole-tablet doses, unless a new entry is created in the DRUG file (#50). If your Pharmacy dispenses whole tablets, you can add a comment to the administration, indicating that they split the tablet in half.

Frequently Asked Questions (FAQs)

Nursing-Related Questions and Answers (cont.)

Recording the Contents of Code Carts or Emergency Meds

How do I record the contents of code carts or other emergency meds?

New functionality in BCMA V. 2.0, the CPRS Med Order Button (or "Hot Button") links you to CPRS for electronically ordering, documenting, reviewing, and signing verbal- and phone-type STAT and NOW (One-Time) medication orders that you have administered to patients. This feature can help streamline the workflow in busy settings such as ICU-type environments.

Sorting Medications By Route on the VDL

Can medications be sorted by route of administration, rather than alphabetically, on the VDL?

Yes, the route is passed to the VDL from the MED ROUTE field of the Inpatient Medications V. 5.0 package. You can use the Sort By command in the Due List menu or simply click on the "Route" Column Header to sort a patient's VDL by route. You can sort this column by ascending or descending order.

Notifying Nurses About Orders on "Hold"

What notification will I receive when a Provider places a medication order on "Hold"?

Any order placed on "Hold," by a Provider using CPRS or by Pharmacy using Inpatient Medications V. 5.0, will display "grayed out" on the VDL. The word "Hold" also appears in parentheses to the right of the order on the Missed Medications Report. During the time a medication is on Hold, the only action that you can take on it is to mark it as "Held," although it is *not* required that you do so. The MAH also displays the date, time, and the nurse's initials when an order is placed on and taken off "Hold."

Printing MAH and PRN Reports

Are the MAH and PRN Reports available for printing when a patient is discharged?

Yes, using CHUI BCMA, you can print these reports by patient or by ward for specific date/time ranges.

Frequently Asked Questions (FAQs)

Nursing-Related Questions and Answers (cont.)

Entering Effectiveness Comments

How can I enter an Effectiveness Comment for medications other than PRNs?

You can enter Effectiveness comments for any administration on the VDL. Simply highlight an order, and then select the Add Comment command from the Due List menu or the Right Click drop-down menu. This command is only available if the order status is "Given," "Held," or "Refused." At the dialog box that displays, enter an Effectiveness comment for the patient's medication, and then click **OK** to save your comments and close the dialog box. For more information, see the *Bar Code Medication Administration* (*BCMA) V. 2.0 GUI User Manual*.

On-Call Orders Displayed on VDL

I administered all of the On-Call medications for my ward, but they still display on the VDL. When do they drop off the VDL?

After On-Calls are marked as Given, they will remain on the VDL until the expiration Date/Time of the order is reached. You can select the "Allow Multiple Admins for On-Call" checkbox using the Parameters Tab in the GUI BCMA Site Parameters application. This site parameter allows On-Call orders to be scanned multiple times if the order Start and Stop Dates/Times are *not* the same. If you set the site parameter to "multiple," an On-Call order will continue to display on the VDL until the order expires.

Access By Nursing Assistants

Do Nursing Assistants have access to BCMA?

This is a local facility policy decision. Some facilities assign the BCMA options and menus (or portions of them) to Nursing Assistants so they can document treatments within their scope of practice.

Documenting Non-Administration Nursing Activities

What method of documentation is available in BCMA for Nursing activities that are *not* associated with administering medications?

BCMA is designed *only* for electronically documenting medication administration activities performed on inpatients. Whatever system your facility currently has in place (i.e., Accuchecks, free-text orders) for documenting non-medication treatments — such as intake/output, vital signs, and activity status — will remain in place.

Frequently Asked Questions (FAQs)

Nursing-Related Questions and Answers (cont.)

Nursing Contraindications and Drug Interactions

Will BCMA provide nurses with any nursing contraindications and drug interactions that are needed *before* administering medications to patients?

No, this version of BCMA does *not* have this capability.

Borrowing Meds from Another Patient's Drawer

Can nurses still "borrow" meds from another patient's drawer?

BCMA software does *not* prevent this from happening for Unit Dose medications. However, you will *not* be able to borrow IV bags from another patient's drawer since each IV bag is labeled with a Unique Identifier Number assigned specifically to a patient. This number displays on a patient's VDL under the IVP/IVPB Medication Tab for IV Piggyback orders, and the IV Medication Tab for large-volume IV orders.

Defining "Order Num" on Missed Meds Report

What does "Order Num" on the Missed Medications Report mean?

This is the actual order number of the medication from Inpatient Medications V. 5.0. It is quite useful to have when troubleshooting problems with BCMA.

Documenting Narcotic Waste

How can I document narcotic waste by the Anesthesia Provider?

There is no drug accountability available in BCMA V. 2.0. Your facility should continue its current method for documenting this type of waste.

Documenting Blood Products

How can I document the administration of blood products?

BCMA does *not* document the administration of blood products. It is designed for electronically documenting the administration of active medication orders only.

Documenting Inhalation Treatments

How do Respiratory Therapists document inhalation treatments?

They document inhalation treatments by scanning the patient's wristband and inhalation medication — just like they would any active medication displayed on the VDL

Frequently Asked Questions (FAQs)

Nursing-Related Questions and Answers (cont.)

Locating BCMA Information in CPRS

Where can a Provider see BCMA information in CPRS?

In CPRS, the Provider can access the BCMA MAH Report and the Medication Log Report using the Reports Tab. They can also access the Administration History Report (called Medication History Report in BCMA) in CPRS by right clicking on a medication under the Meds Tab.

Changes to Order Entry Process

How does BCMA V. 2.0 change the Order Entry process?

Implementing BCMA places extra pressure on the Order Entry process. There is a certain amount of flexibility now, because humans can understand several different entries to mean the same thing. However, software is *not* as flexible. Providers, Nurses, and Pharmacists will need to agree on Order Entry procedures. With BCMA, Order Entry standardization is imperative. If the medication order is compatible with the electronic MAR available in Inpatient Medications V. 5.0, it will be compatible with the VDL in BCMA.

Handling Inpatients in Outpatient Areas

How do you handle areas that treat inpatients, but are considered "outpatient"?

BCMA does *not* recognize orders that have an outpatient status and location. The patient must have a status and location of "inpatient." You can use BCMA software if patients are seen in an outpatient clinic with an inpatient status and location, *and* any medications that need to be administered to them are entered using the Inpatient Medications V. 5.0 package.

Handling Patients in the OR and PACU

How does BCMA handle patients seen in the OR and the PACU?

If these areas are considered inpatient locations *and* their medication orders are entered through the Inpatient Medications V. 5.0 package, you can use BCMA in these settings. Remember, the patient status *and* location must be "inpatient," and the order must be active to display on the VDL.

Frequently Asked Questions (FAQs)

Nursing-Related Questions and Answers (cont.)

Handling Evening Coverage When Pharmacy Closed

For sites that do *not* have evening Pharmacy coverage, will nurses need to be trained in, and given access to, the Inpatient Medications V. 5.0 package so they can manage needed changes in medication orders for BCMA?

This is a local facility policy decision. Some facilities have Nursing Officers of the Day (NODs) that are permanently assigned to nights. They are on duty at the facility during the hours that the Pharmacy is *not* open. Besides the PSJ RNURSE security key, NODs at these facilities are also assigned the PSJ RPHARM security key so they can enter *and* verify Unit Dose and IV medication orders.

You can set the user parameters for a NOD using the *Inpatient User Parameters Edit* [PSJ SEUP] option in Inpatient Medications V. 5.0 as follows:

- Allow Auto Verify: NO
- Type of Order Entry: REGULAR

These settings allow a NOD to finish — but *not* verify — an order in Inpatient Medications V. 5.0. The next morning, the nurse on the ward then verifies the order in Inpatient Medications V. 5.0, and the Pharmacist verifies the order against a copy of the order. Once the order is verified, it then displays on the VDL. Your facility may decide to train a NOD to enter orders into Inpatient Medications V. 5.0 that are written after hours, but need to be administered before the Pharmacy reopens the next day.

Other facilities assign nurses the PSJ RNFINISH and PSJ RNIVFINISH security keys so they can "finish" Unit Dose and IV medication orders. Once finished, these orders then display on the VDL for administration. The Pharmacy security key PSJ PHARM TECH designates the user as a Pharmacy Technician and gives them access to enter/finish, but *not* verify Unit Dose orders. The PSJI PHARM TECH security key allows Pharmacy Technicians to enter/finish, but *not* verify IV medication orders.

Frequently Asked Questions (FAQs)

IRM-Related Questions and Answers

Contingency Plan for Facilities

What is the Contingency Plan if the computer goes down?

This is a local facility policy decision, but Contingency Plans most often rely on a paper back up or a parallel system such as Oracle®. To view a detailed list of site-provided Contingency Plans, visit this BCMA Web page:

- http://vista.med.va.gov/bcma/docs/siteprov/index.html

The National Center for Patient Safety (NCPS) developed BCMA "Healthcare Failure Mode and Effect Analysis (HFMEA™)" Development Documents to assist VA medical centers (facilities) in structuring the analysis process for BCMA Contingency Planning. They include flow diagrams, grids, worksheets, spreadsheets, and the strengths and weaknesses of a few Contingency Plans currently in use. For example, the HFMEA grid focuses on electronic Contingency Planning, since it is anticipated that the vast majority of facilities would use this method.

The documents ("templates") are designed to be a model for the HFMEA Team. They are *not* intended to be all-inclusive, nor can they be replicated from facility to facility, since each location may have unique physical plant and information system issues. The HFMEA Team anticipates that Facility Teams will uncover vulnerabilities unique to their own facility.

After formalized Contingency Planning occurs, additional items may surface, during the year, which your facility can incorporate into a revised plan.

BCMA Won't Run After Installation

I installed the BCMA software, but I can't get the application to run. What else do I need to install?

Check the *BCMA V. 2.0 Installation Guide* for installation requirements. This guide includes a list of package version requirements and patches that are required for the installation of BCMA. It is available on the BCMA Project Notebook at:

- http://vista.med.va.gov/bcma

Frequently Asked Questions (FAQs)

IRM-Related Questions and Answers (cont.)

CPRS Required for Running BCMA

Does my site need to be running CPRS in order to use the BCMA software?

No, CPRS does *not* have to be running for your site to use the BCMA software. However, your facilities must have CPRS installed *before* they can use BCMA software. See the *BCMA V. 2.0 Installation Guide* for more installation requirements information.

New Files Included in BCMA V. 2.0

Are there any new files included in this version of BCMA software?

Yes, there is one new file. It is 53.66 - BCMA IV PARAMETERS.

Medication Not Displaying on the VDL

How can I determine why a medication is *not* displaying on the VDL?

The *Trouble Shoot Med Log* [PSB MED LOG TROUBLE SHOOTER] option in CHUI BCMA can help you determine why specific medications do *not* display on the VDL. Using this option, a standard VA FileMan look-up occurs, then a list of orders display.

After you select an order, BCMA displays the order number, orderable item, and scheduled administration time. BCMA then asks if this is the correct order and requests the administration time. After you select an administration time, a message displays about this medication and administration time. You can print the Troubleshoot Med Log or view it on-screen.

Setting Parameters for the Broker Server

I tried setting up the Optional Command Line Parameter for the Broker Server, but it was being ignored. Why?

Parameters "S" (Broker Server) and "P" (Server Port) are a set, which means that they must both be present or they will be ignored. See the *BCMA V. 2.0 Installation Guide* for more information about these parameters settings.

Frequently Asked Questions (FAQs)

IRM-Related Questions and Answers (cont.)

Directing Error Log to Another Directory

How can I direct the BCMA Error Log for the GUI application to another directory?

Use the Optional Command Line Parameter "L" (DOS path location) to redirect the BCMA Error Log file to an alternate directory. The default directory is C:\Temp. There is also an Optional Command Line Parameter "/nologfile" that you can use to disable the Error Log.

Clock Used for Displaying Administration Times

What clock is the BCMA application using for administration times?

BCMA compares the Client clock (date/time) with the Server clock (date/time) at application start-up. If there is a difference greater than the "Max Client/Server Clock Variance" parameter value, a Warning message displays. All Client date/time calculations are based on the Client clock, plus a Client-Server increment. You can set this parameter value/setting using the Parameters Tab in the GUI BCMA Site Parameters application.

Requirements for Laptops and Scanners

What are the requirements for laptops and scanners? What additional equipment is needed on each ward?

The approximate requirements for laptops and scanners depend upon the number of Inpatient areas, at your facility, that use BCMA for administering active medication orders. The BCMA Development Team recommends that your facility have a minimum of three laptops and three scanners for each ward. Each facility also needs printers for wristbands, bar code labels, and Missing Dose Requests notifications. For more information, see the *BCMA V. 2.0 Installation Guide* or locate information on the BCMA Project Notebook at:

- http://vista.med.va.gov/bcma

Frequently Asked Questions (FAQs)

IRM-Related Questions and Answers (cont.)

Locating Durable Wristbands

Are durable wristbands available for printing on existing bar code printers?

The Phoenix beta site tested a wristband printed on a Zebra printer that seemed to be more durable than most. Check out the BCMA Web page listed below that provides a contact at Interface System, Inc. for more information.

- http://vista.med.va.gov/bcma/implement/hardware/index.html

Scanners Not Reading Patient Wristbands

The scanners on the wards don't read the patients' wristbands, even though Pharmacy has entered all the medication bar codes. What can we do to solve this problem?

Because there is no universal nomenclature for bar code readers, the scanners in Nursing and Pharmacy must be synchronized. That is, they must use the same brand and model of scanner, *and* each scanner must be configured exactly the same way.

To check that the scanners work together, first use the Pharmacy scanner to scan in a bar code as a synonym. Then, using the Nursing scanner on the ward, scan the bar code again using BCMA. If the numbers match exactly, the scanners in both locations are properly configured.

Establishing Electronic Signature Codes

How do I set up the requirement for Electronic Signatures?

You can establish Electronic Signatures using the Kernel V. 8.0 *Electronic Signature code Edit* [XUSESIG] option. This option is tied to the Common Options under the *User's Toolbox* [XUSERTOOLS] submenu to make access easy for all users.

Frequently Asked Questions (FAQs)

IRM-Related Questions and Answers (cont.)

VDL Parameters Different Than Default Site-Defined Parameters

Why are the parameters on the VDL different than the default site-defined parameters?

Because the VDL parameters are the user's (i.e., nurse's) default settings. For example, when a nurse alters the default setting for certain fields (i.e., Start and Stop Times, and Column Sort Selection) on the VDL, these settings are retained in the user parameters and become the default setting each time the nurse logs on to BCMA.

The *Reset User Parameters* [PSB USER PARAM RESET] option in CHUI BCMA lets you reset user-selected parameters to site-defined parameters. See the *BCMA V. 2.0 Manager Manual* for more information.

Upgrading an ATC Machine

Where can I obtain a copy of the FSS contract needed to upgrade our ATC machine?

The Federal Supply Schedule (FSS) contract is very informative about ATC (Automatic Tablet Control) Machine upgrades for several different models. The bar code upgrade package for the old units, and the upgrade costs, are listed in contract FSS V797P-3726J, Supplement 15. For more information, call Auto-Med (the company that purchased Baxter) at 1-888-537-3102. Select the customer service option, then request that a copy of the FSS contract be faxed to you.

Obtaining Centralized Funding

Is there a centralized funding plan available to help all facilities obtain up-to-date hardware for BCMA V. 2.0?

No, there is no centralized funding plan available at this time.